

Suggested guidelines to be adapted into clinician's practice recommended by: Nebraska Diabetes Consensus Guidelines Task Force.

Patient Name: _____ Date of Birth: ____/____/____ Year of Diagnosis _____

Attended Diabetes Self-Management Classes: Yes ____ No ____ If yes, When/Where: _____

Follow-up Education with CDE/RD: Yes ____ No ____ If yes, When/Where: _____

Tobacco Use Status: Uses ____ _ Doesn't Use ____ _

Complications: _____ Height: _____

DATE	WEIGHT Or BMI (2)	BP	BG LOG	CURRENT MEDS	FOOT EXAM (3)	SKIN	TOBACCO USE
GOAL (1)	_____	<130/80	70-130 fasting 100-140 at bedtime	Review/update	Skin/Sensation/ Vascular	Injection sites if on insulin	Discuss if still using
Consider daily aspirin use			81-162 mg.				
Consider ACE inhibitors (4)			ACEI/ARB				
Consider Statins							
A1C (Hemoglobin A1C) Quarterly			<7%)(5)				
Dental Exam	Twice/Year		Date & Dentist				

History Update:		Total Cholesterol <200 mg/dl (6)		Random spot urine for albumin/creatinine ratio or 24-hr urine for micro albumin goal: <30 ug/mg (8)	
Abdominal Exam:		HDL >40 mg/dl M >50 mg/dl F (6)		Annual Renal Screen to include serum creatinine goal: GFR >60 ml/min/1.73 m ² (9)	
				Thyroid Assessment (10)	
Neurological Exam/ Depression Screen:		Triglycerides <150 mg/dl (6)		Referral for dilated eye exam (11)	Macular Edema: Yes___ No ___ Severity of retinopathy if present:
Cardiac Exam & Pulses:		LDL <100 mg/dl (6)(7)		Influenza Vaccine	
				Pneumococcal Vaccination (12) (Date Given)	

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